

The Nursing Commission Newsletter

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Chair's Report: The Nursing Shortage, A Challenge To Nursing

By Frank T. Maziarski,
CRNA, MS.



Health care in America continues to present a challenge to our profession. Two significant issues have surfaced which require our full attention and demands both short and long-term solutions.

The first is the report by the Institute of Medicine (IOM), alerting us to the significant problems resulting from medical errors. The Institute's latest report, "Crossing the Quality Chasm: A New Health System for the 21st Century", released March 1, 2001 proposes a major overhaul of the health care system.

The second issue is the "Nursing Shortage" and the unfortunate fallout that has been created by this "workforce" anomaly. In my report in the Fall 2000 Nursing Commission Newsletter, I addressed some of the concerns presented by the IOM report. In this issue of the newsletter I would like to discuss the concerns of the current "nursing shortage."

There are 1.8 million nurses working primarily in hospitals (Nursing World, Jan. 31, 2001). This is currently where the shortage is greatest. But it is anticipated that ultimately all practice settings will be affected. As reviewed in the article, the key elements contributing to the shortage are:

1. The aging nursing workforce,
2. The differences in the general work environment compared to past shortages,

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Chair, Nursing Commission—Frank Maziarski, CRNA, MS
Executive Director—Paula Meyer, RN, MSN
Newsletter Editor—Terry J. West

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By Frank T. Maziarski,
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3. The ongoing struggle with the image of nursing,
4. Recruiting new nurses,
5. Retention of current nurses,
6. The regulatory and policy decisions, which seem to be barriers to recruitment or a cause of attrition of nurses.

These are not insignificant or easy problems to deal with, nor are they easy to solve. The limits of space provided for this report prevent me from discussing all of the efforts being made to correct this problem. Needless to say, a large amount of energy is being spent by regulatory agencies (the Commission), nursing leadership (ANA and others), and hospital organizations (AHA), all working together, using national and state forums, to reverse the trends which have caused the nursing shortage. Some of the initiatives are:

- a) Increased funding for existing nurse education programs,
- b) Funding a new National Nurse Service Corps,
- c) Provide grants to states to help fund nurse education,
- d) Reform medical liability laws,

- e) Recruit more minorities and men into nursing,
- f) Give immigration laws more flexibility to allow qualified health care workers to enter the U.S. more quickly,
- g) Eliminate regulatory barriers,
- h) Reform the regulatory process,
- i) Make adjustments in government payments to hospitals.

On the local front, the Nursing Commission was privileged to partner with the Washington State Tri Council for Nursing during the March 2, 2001 meeting at the Wyndham Hotel, Sea-Tac, WA. The focus of which was to develop "The Future Nursing Workforce in Washington." The nursing leaders who attended were able to develop strategies and scenarios to improve opportunities in nursing education, research and workforce.

The Nursing Commission is dedicated to protecting the public; it supports all measures which accomplish this objective. Nursing cannot succeed in solving the problems discussed, nor implement the solutions without the help of the nursing community. Your direction and ideas are an important factor in the solution of the nursing shortage. ◀

Washington State Nursing Shortage Summit

By Paula Meyer, RN,
MSN



The first of several meetings to address the Nursing Shortage in Washington State was held on March 2, 2001. The Summit was hosted and developed by the Tri-Council of Nursing with the Nursing Care Quality Assurance Commission (NCQAC). Members of the Tri-Council are the Washington State Nurses Association (WSNA), the Washington League for

Nursing (WLN), the Council for Nursing Education in Washington State (CNEWS), and NorthWest Organization of Nurse Executives (NWONE). The Tri-Council partnered with the NCQAC to address nursing issues in the state. NCQAC members attending were Frank Maziarski, Cheryl Payseno, Shirley Coleman-Aiken, and Joanna Boatman. Paula Meyer, Dr. Maura Egan, and Chuck Cumiskey, Department of Health staff

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Washington State Nursing Shortage Summit

By Paula Meyer, RN,
MSN

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working with NCQAC also attended and facilitated small groups.

The purpose of the first meeting was to review the state of the nursing workforce at the National level and in our state. Each organization identified and invited nursing leaders from across the state. Those leaders represented nursing specialties, geographical distribution, and commission members. Frank Masziarski, chair of the NCQAC, opened the Summit. Frank set a collaborative tone for the Summit by recognizing the expertise in the room and directing the participants to work together to address the nursing needs for our state.

Additional presenters included Mary Rapson from Colleagues in Caring in Washington DC. Colleagues in Caring is an organization funded by a Robert Woods Johnson grant to assist states in defining their need for nursing and provide technical assistance to states. There were ten states that participated in the pilot project. Washington is currently receiving technical assistance to develop a plan. The slides from Ms. Rapson's presentation are available upon request from the Nursing Commission office. Troy Hutson presented the nursing shortage from the Washington Hospital Association's perspective and Ivars Graudins from Employment Security Administration presented the state's employment projections. Copies of these presentations are also available upon request.

The afternoon was devoted to small group work identifying the top five factors contributing to the nursing short-

age in our state. Immediate and long-term effects from these factors were identified. Each group then identified the top ten stakeholders in the nursing shortage.

At the second meeting, major stakeholders identified at the small group session will be invited. The purpose of the second meeting is to identify strategies to avert the long-term shortage in our state and build partnerships among these stakeholders. Customers and major businesses in our state were identified. In Oregon, a facilitator has been hired to assist with this portion of the plan. Karen Haas-Herrick, Executive Director of NWONE, explained some of the findings from the facilitator: the need to determine and articulate the definition of nursing, the numerous levels of entry into nursing, and inability to come to consensus on a variety of issues within nursing.

The need for data collection to describe the current demographics and number of nurses in the state was addressed by several of the speakers. Examples of data elements and funding sources were identified.

The Nursing Commission has identified the nursing shortage as their number one priority on their strategic plan for 2001-2006. The Nursing Commission and the Department of Health are reviewing the workforce information that is available and will determine actions that are necessary to protect the public safety. For more information, please contact me at [paula.meyer@doh.wa.gov](mailto:Paula.Meyer@doh.wa.gov) or call me at (360) 236-4713. ◀

Legislative Report

By Paula Meyer, RN,
MSN

The 2001 Legislative Session was, and still is, a busy one. The earthquake, moves, budget and drought have all had major impacts on the legislative process this year. There were many bills that were introduced that involved the Nursing Commission and nursing as a whole. This report is a short synopsis of many of those bills. If you would like more information, please consult the legislative website at <http://www.leg.wa.gov/wsladm/bills.htm>.

School Health Issues: House Bills 1083, 1328, 1424, 1768; Senate Bills 5085, 5222, 5693, and 5737. These bills address school health aide registration, administration of emergency glucagon at schools, the ratio of school nurses to students, and the ability of school personnel to refuse to complete medication administration and clean intermittent catheterization for students. All of these bills addressed the need for the provision of health care in schools. Administration of oral medications and clean intermittent catheterization are now allowed, by statute, to be completed by unlicensed school personnel who receive training and supervision by the school nurse. The number and variety of oral medications that are being administered have increased dramatically over the years since this legislation was passed. School nurses and personnel are very concerned about this trend and the safety of students. The bill that addressed school nurse to student ratios also focused on the safety of the students, the number and variety of oral medications being administered, and the overall health care of students. In 1999, the Office of the Superintendent of Public Instruction, the Department of Health and the Nursing Care Quality Assurance Commission developed the *Staff Model*

for the Delivery of School Health Services available on the web at www.doh.wa.gov/nursing/staffmodel.htm.

This model addresses assessment of all students and planning for the needs of the students in a school building. It describes the legal abilities as well as the limitations of school personnel as well as Registered Nurses, Licensed Practical Nurses, and Nursing Assistants in the school setting. If you would like a copy of the model, please contact our office by phone or Email.

The emergency administration of glucagon in the schools addressed the emergency treatment of children with diabetes that may have symptoms of insulin shock while they are at school. The Nursing Commission worked with the Office of the Superintendent of Public Schools to develop *Diabetes Guidelines for School Age Children*. This is a draft document that reviewed current practice and treatment with children with diabetes. The Guidelines identified that prevention of insulin shock by teaching nutrition and management plus identification of early warning signs are preferable to the administration of glucagon. While these bills addressed critical needs in our schools, none of them were successful in passing this session.

Long Term Caregiver Issues: House Bill 1506 and Senate Bill 5399.

The Department of Social and Health Services (DSHS) administers the programs for long-term caregivers and their training. Currently, a member of the Nursing Commission serves on the Long Term Caregiver Training and Curriculum task force. This task force will formulate recommendations for the training curriculum for caregivers that are working in

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Legislative Report

By Paula Meyer, RN,
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community based care settings: adult family homes, private homes, boarding homes, and homes for the developmentally disabled. Once these recommendations are completed, then the training will be compared to the nursing assistant certified training. Any elements that are in common will be identified, and if the caregiver is competent in these areas, the training is to be recognized by the nursing assistant certified program. These bills addressed the registry that DSHS keeps on the caregivers and detailed information that would be collected. The registry would contain information about caregivers who have been found to have abandoned, abused, financially exploited, or neglected vulnerable adults. The public and employers would have access to certain elements of the registry and could consult the registry when hiring caregivers.

These bills were not successful this session as well.

Advanced Registered Nurse Practice (ARNP) issues: House Bills 1621 (Prescriptive Authority for Advanced Registered Nurses) and 1920 (Medical Records in Guardianship Proceedings by ARNPs); Senate bills 5795 (Authorizing ARNPs to Determine and Write prescriptions for Special parking Permits) and 5797 (Authorizing ARNPs to Examine, Diagnose, and Treat Injured Workers Covered by Industrial Insurance).

While this bill was not successful, the Prescriptive Authority rules for ARNPs are completed. The 2000 legislature directed the Nursing Commission, the Medical Quality Assurance Commission and the Board of Osteopathic Medicine and Surgery to collaborate on rules to expand current prescriptive authority to Schedule II-IV drugs. Currently, ARNPs

are independent practitioners able to prescribe Schedule V and Legend drugs. The legislation and rules expand that authority to Schedule II-IV prescriptions; when prescribing Schedule II-IV drugs, the ARNP must have a Joint Practice Arrangement with a physician. Prescribing of Schedule V and Legend Drugs remains independent. The Rules Hearing was held on June 13, and became effective August 19, 2001. For more information, please contact Terry West at terry.west@doh.wa.gov.

The Medical Records in Guardianship Proceedings bill would have amended the Probate and Trust law to allow ARNPs as well as physicians and psychologists to prepare a written report to be used in court for guardian or limited guardian proceedings for alleged incapacitated individuals. This bill was not successful in passing.

Senate Bill 5795 would have defined in law the ability of ARNPs to assess and sign disabled parking permits. Currently, this is allowed in rule by the Department of Licensing and under the Nursing Law. This bill was not successful.

Senate Bill 5797 would have allowed ARNPs to be reimbursed for the examination, diagnose(s), and treatment of injured workers. Currently, ARNPs, under nursing law, are independent practitioners and these practices are within their scope of practice. Reimbursement is limited. This bill was not successful.

Senate Bill 5359, an act relating to the health professions' use of pro tem board members was successful. Currently, the Nursing Commission, along with other boards and commissions, has the ability to use 'pro tem' members to accomplish the workload. The secretary of health

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Legislative Report

By Paula Meyer, RN,
MSN
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appoints the pro tem members, but was limited to appointing three members. This legislation allows the board to request additional pro tem members to complete the work of the commission. This legislation addresses terms of the pro tem members, and limits them to four one-year terms. This legislation was successful and will become effective 31 days after the close of the 2001 session. ◀

Rules Update

By Terry J. West

Following is a listing of rules that are in the process of being developed, ready for public rules hearing or rules writing process. At the end of the article is information on how you can receive a copy of any of these rules or add yourself to the e-mail List Serve to receive all future rules mailings.

New Legislation—Senate Bill 5805 ARNP Prescriptive Authority

This bill expands prescriptive authority for Advanced Practice Registered Nurse Practitioners (ARNP) and was passed in 2000. Currently, ARNPs have independent practice with prescriptive authority for Schedule V and legend drugs. This bill expands that authority to include Schedule II-IV drugs. The bill further directs the Nursing Commission to adopt joint rules achieved by consensus with the Medical Quality Assurance Commission and the Board of Osteopathic Medicine and Surgery to address an arrangement for joint practice with appropriate collaboration. These arrangements do not apply to certified registered nurse anesthetists.

The rules hearing was held June 13, 2001. The rules went into effect August 19, 2001. The Drug Enforcement Administration began updating DEA licenses effective August 27, 2001.

The nursing web site includes a copy of the final rules, a sample joint practice agreement, a timeline of each step of the process and a letter to physicians explaining the process and addressing the most common concerns. See www.doh.wa.gov/nursing/rules.htm.

Definitions:

Three rules were identified during a rules review process as needing amendment:

WAC 246-840-010 Definitions;

WAC 246-840-760 Terms used in WAC 246-840-750 through 246-840-780; and WAC 246-840-920 Definitions.

A rules writing workshop was held May 21, 1999. A rules hearing date will be set for early 2002.

Education Rules:

Rules writing workshops were held in April and December, 2000 and June, August and September, 2001 to discuss WAC 246-840-500 through WAC 246-840-575. Staff are working on filing a CR 102 form with a public rules hearing date in early 2002 after feedback is received from the CNEWS group.

Nurse Delegation:

Legislation passed in 2000 requiring rule writing to amend WAC 246-840-910, 920, 930, 940, 950, 960, 970 and 980.

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Rules Update

By Terry J. West
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Several rules writing workshops have been held. A first and second draft has been mailed to interested parties. A third draft is now available on the nursing web site. A rules hearing was held November 9, 2001.

Nursing Technicians:

Rules writing workshops were held October 1, 1999, October 8, 1999, August 2, 2000, April 23, 2001, July 11, 2001, and October 18, 2001 in Eastern and Western Washington. The Nursing Care Quality Assurance Commission has appointed a task force led by Joanna Boatman, RN to meet with interested persons.

Practice Standards:

Four rules were identified during the rules review process as needing amendment:

WAC 246-840-700 Standards of nursing conduct or practice;

WAC 246-840-705 Functions of a licensed practical nurse;

WAC 246-840-710 Violations of standards of nursing conduct or practice; and;

WAC 246-840-715 Standards/ competencies.

A rules hearing will be scheduled in early 2002. For a copy of the entire text see the nursing web site listed at the end of this article.

How to comment on any rule proposed to be amended or repealed:

Mail: Department of Health
Nursing Programs/Rules
P.O. Box 47864
Olympia, WA 98504

FAX: (360) 236-4738

E-mail: terry.west@doh.wa.gov

Access any draft rule on the Nursing Web Site:

www.doh.wa.gov/nursing/rules.htm

How to be added to the Interested Parties Mailing List:

New Nursing ListServ. Access this web site to add yourself to the new list serve. As rules updates or rules hearing notices are sent you will receive an e-mail notice. <http://listserv.wa.gov/archives/nursing-qac.html>. ◀

Nurses Remain At Top Of Honesty And Ethics Poll

11/27/00—Almost eight in 10 Americans—79%—say nurses have “very high” or “high” ethical standards. Pharmacists finish second with 67%. Americans rate most other professions as at least “average” on Gallup’s integrity scale. A few job titles, particularly car salesmen and lawyers, stand out for having relatively

low ratings. Also, the long-term trends of Gallup’s honesty and ethics survey reveal a growing skepticism among the American public regarding the ethics of journalists. View full release: <http://www.gallup.com/poll/releases/pr001127.asp>. ◀

Education Update

By Shirley Coleman
Aikin, RN, MSN

The Education Sub Committee has addressed several issues during this past year. The following are topics and highlights of selected issues.

Regents Nursing Program—now Excelsior College of New York

There have been increasing phone inquiries about the Regents nursing programs, in part due to the flexibility of the program, but, the callers identify that the College makes it very clear to applicants that they **MUST** call the Nursing Commission in Washington State to find out the special conditions under which the Excelsior Program is approved.

Dr. Mary Beth Hanner, Dean of Nursing at Excelsior College presented an update to the Nursing Commission on criteria for admission and completion of their competency-based program. She gave a formal presentation on their students' success with completion of the program and NCLEX-RN testing.

Since Dr. Hanner's last visit and presentation to the Nursing Commission, their admission criteria and curriculum have become more rigorous. She also reported in detail on the Clinical Performance in Nursing Examination (the final two-day evaluation of clinical competency). The updated information will be reviewed in light of inquiries to determine whether and what revisions will be made to WAC 246-840-030(3).

Exception to faculty criteria

Requests for faculty waivers continue in fairly high numbers from a diverse number of schools. Forty faculty waiver requests from 15 different schools were reviewed and recommended for approval to the Nursing Commission during the past year from July through January. After that time requests to hire faculty who did not meet current WAC requirements were referred to the Nursing Program Approval Panel (NPAP). The Education Sub Committee looked closely at revising criteria for clinical and learning laboratory faculty. The criteria will be discussed with the Education WAC revisions.

New Nursing Commission panel and process

Prior to implementation of the new Nursing Program Approval Panel (NPAP), the Education Sub Committee approved two nursing education programs (PN/AND ladder program and PN program) and one new PN program for development at a community college which has an RN ladder program already in place. In February, 2001, the Nursing commission voted to give nursing education program review, faculty waiver approval and approval of new nursing programs to the newly created NPAP, with the intent that the schools would be afforded a better channel for due process. ◀

Nursing List Serve

The Nursing Commission has a new list serve available at <http://listserv.wa.gov/archives/nursing-qac.html>. Log onto this web site and add your own e-mail address. You will then receive notices of Nursing Commission meetings, rules

workshops and hearings and notices as the newsletter is posted.

If you have any questions or problems with adding yourself to the list serv call Terry J. West at (360) 236-4712. ◀

Washington State Health Professional Loan Repayment And Scholarship Program

By Kathy McVay

The Washington State Health Professional Loan Repayment and Scholarship Program provides scholarship funding to pay for educational expenses for students enrolled in health professional training programs. This program is a conditional scholarship requiring the recipient to provide health care services in a designated shortage area in Washington State for a minimum of three years upon completion of their training. Scholarships can be renewed for up to five years. Scholarship applications are available in January with a deadline of April for the next academic year.

Funding for this program is provided through state general fund dollars. While funding levels cannot presently adequately address all the pressing health care needs of our communities, the program has made a concerted effort to concentrate its scholarship dollars on the

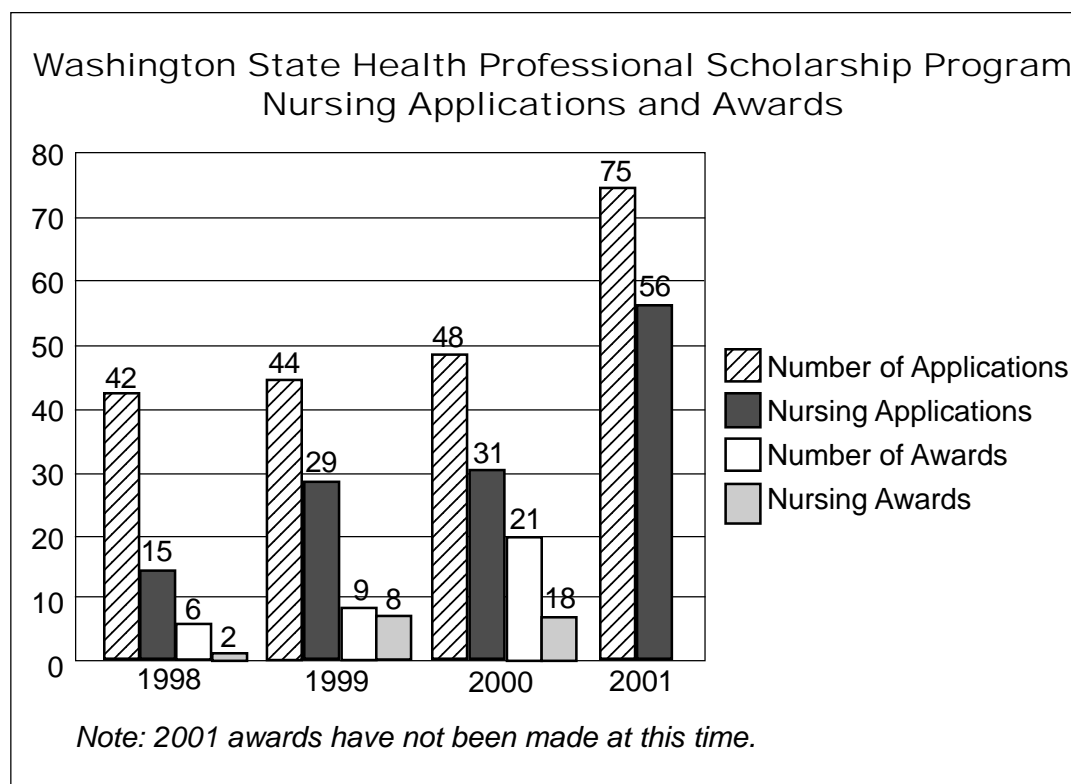
severe nursing shortage. The chart below clearly shows the results in terms of awards made in the past few years to those in the nursing profession. These awards cover the broad range of nursing from licensed practical nurses to individuals pursuing their Ph.D. to serve as nursing faculty.

The 2001 scholarship applications are currently in the process of being reviewed with award decisions made by the end of June. The program, however, has renewed the scholarships for 24 current recipients of which 17 are in the nursing profession.

If you have questions regarding this program, please contact:

Kathy McVay (360) 705-6665
Kathy.McVay@doh.wa.gov

Kristina Phillips (360) 705-6664
Kristina.Phillips@doh.wa.gov ◀



ARNP Corner

By Shannon
Fitzgerald, ARNP

Acute Care Nurse Practitioners will find their specialty listed in WAC 246-840-310 effective November 18, 2000. ARNPs, educators, and many constituents within the health care delivery system provided input over the last several years to assist with the revision of the rules which define ARNP practice in Washington. Graduates of acute care nurse practitioner programs at the master's degree level or higher who have passed the certification exam given by the American Nurses Credentialing Center and who meet the requirements listed in WAC 246-840-305 may now apply for ARNP licensure in Washington state.

WAC 246-840-300 states that "ARNPs may perform the following functions:

- Examine patients and establish medical diagnosis by client history, physical examination and other assessment criteria
- Admit patients to health care facilities

- Order, collect, perform and interpret laboratory tests
- Initiate requests for radiographic other testing measures
- Identify, develop, implement and evaluate a plan of care and treatment for patients to promote, maintain, and restore health.
- Prescribe medications when granted authority under this chapter
- Refer clients to other health care practitioners or facilities

The list of functions is a guide and is not meant to be all-inclusive. Every ARNP licensed in Washington State is held accountable to practice according to the national scope of practice and standards for care of his or her designated specialty. The new WACs also provide suggestions for ARNPs who wish to add functions or skills within their designated specialty scopes of practice, and a listing of approved national certification examinations is provided. ◀

MAA Planned Home Birth Pilot Project Update- April 4, 2001

By Polly Taylor, CNM,
MPH, ARNP

The Planned Home Births Pilot Project for fee-for-service Medicaid clients began January 1, 2001. To become a qualified provider, they are required to send in a letter of request with the required qualifications. Currently, we have 27 qualified home birth providers. 22 are licensed midwives, 4 are certified nurse midwives, and 1 is an ND/LM. We have paid for 8 home births with excellent outcomes. A copy of the billing instructions is found on the WEB at <http://maa.dshs.wa.gov> scroll down the listings on the left to billing instructions and click on it. Scroll down to New! Planned Home Births Pilot Project and click on it to obtain a copy. A copy of the WAC- (WAC 388-533-0500) is found at the same site. Scroll down the

listings on the first page to WAC Link and click on it. Scroll down to Title 388 and then scroll down to 388-533-0500.

Providers are required to send in an outcome report for each birth to OMPRO, the designated MAA Quality Assurance/Quality Improvement Organization, prior to being paid. OMPRO will notify Quality Review Services if quality of care issues are present. The reports are blinded by removing the client and provider identifier information (for liability reasons) and they are forwarded to the home birth program manager. Each report has the provider type on it: physician, LM, CNM, or LM/ND. The reports are then entered into a database so we can track outcomes. ◀

LPN Corner

By Becky Kerben,
LPN

Are you aware, as a practicing LPN in the state of Washington, what your laws are governing your practice? It has come to the attention of the LPNs on the WSNQAC that our disciplinary caseloads have seen an increase in the number of medication errors, abuse (verbal and emotional) of our patients, boundary issues that affect the patients, documentation issues and diversion of drugs. Our concern is perhaps that LPNs are not aware of these laws which play such an important part of our practice.

There is a constant review, as mandated by our state government, to keep these laws up to date. In the last few years, the Sexual Misconduct WAC 246-840-740 has been put into place. This is a strong guideline for boundary issues. Our scope of practice involves many as-

pects—review WAC 246-840-700 for Standards of nursing conduct or practice and WAC 246-840-710 for violations of standards of nursing conduct and WAC 246-840-715 for Standards/competencies. These are just a few examples of what we need to be aware of. In our complex world of today's medicine we need to be ever aware of the pitfalls of short staffing, higher acuity of patients and the responsibilities that are given to us. If your place of work doesn't have the *The Law Relating to Nursing Care & Regulation of Health Professions—Uniform Disciplinary Act*, contact the Department of Health, Nursing Commission at P.O. Box 47864 in Olympia, WA 98504-7864 for a copy. You chose your profession for a variety of reasons—be the best professional you can!! ◀

Completion Of Prescriptive Authority For Advanced Registered Nurse Practitioners

On June 13, 2001 the Nursing Commission, Medical Commission and Osteopathic Board held a rules hearing to jointly adopt rules allowing Advanced Registered Nurse Practitioners (ARNP) to begin prescribing Schedule II-IV medications. The rules are effective August 19, 2001.

ARNPs currently have independent practice and prescription privileges for Schedule V and/or Legend Drugs. These new rules require ARNPs to collaborate with a physician only for the purposes of prescribing Schedule II-IV medications. Physicians Insurance Company has stated that they perceive no increase in the malpractice rate for physicians because it is clearly the ARNP who holds the accountability for the prescribing and decision-making. Physicians are not required by the statute to supervise,

co-sign or be accountable for the clinical decision-making. The ARNP will be writing the prescription and therefore is completely responsible for the clinical decision-making, follow-up and potential outcomes.

For more information on the legislation, an open letter to physicians, a sample joint practice agreement or a copy of the final rules, see the Nursing Commission's web site at www.doh.wa.gov/nursing/rules.htm. ARNPs will need to file a Joint Practice Agreement with the Nursing Commission and will also need to obtain a Drug Enforcement Administration (DEA) license before they can begin prescribing Schedule II-IV medications. The DEA can be contacted at 888-219-1418 or by FAX at 206-553-7757. ◀

Disciplinary Complaints

By Terry J. West

The Nursing Commission received 1,079 complaints in 2000. The majority of complaints are reviewed and then closed as falling below the threshold of actionable conduct. Of the small percentage that were investigated there were 150 that resulted in either informal or formal disciplinary action. Informal disciplinary action means that the licensee agreed to some stipulations such as education or monitoring and the sanction is not reported to a national data bank. Formal disciplinary action means that the sanction is reported to national and local agencies, is released to the media and can include sanctions from suspension to revocation, coursework, supervision or other license restrictions.

The following ten cases are actual complaints that were received and then resolved with either an informal or formal disciplinary action. These summaries are being provided as educational information about the types of misconduct that can result in disciplinary action.

A—Allegations included sleeping on duty, physically assaulting residents of an Adult Family Home, patient neglect, documentation errors in medication administration, practice beyond scope; turned off speaker monitor for a quadriplegic patient, failure to assess, evaluate and monitor quadriplegic patient. Respondent's RN license was suspended for 36 months.

B—Allegations included medication documentation errors; prescribing drugs beyond the scope and failure to get patient consent per facility policy. ARNP Respondent signed a Stipulation to Informal Disposition and agreed to develop and submit a practice management plan covering the next 18 months.

C—Allegations included multiple medication errors; failure to assess

patient; failure to secure controlled substances; failure to document medication administration; failure to intervene in an acute change of patient's condition. RN Respondent signed Stipulation to Informal Disposition and agreed to terms for 12 months including working in a setting with direct supervision; not working as a supervisor, head nurse or charge nurse; submitting job descriptions and complete courses in documentation and legal issues in nursing.

D—Allegations included improper social relationship and sexual relationship with a psychiatric patient. Improper relationship included visiting patient at his home and employment, purchasing things from patient and having meals with patient outside of facility. Respondent's RN license was suspended for 60 months but stayed with conditions. The conditions included a \$500 fine, personal progress reports, notification of all employment, no employment in psychiatric care facilities, and completion of courses in nursing ethics and nursing law.

E—Allegations included practicing beyond scope; medication and documentation errors; documenting order or changes in orders without proper authorization; falsification of patient records; transcription errors. Respondent's RN license was suspended for 12 months.

F—Allegations include overcharging Medicaid for equipment, supplies and services not provided. ARNP Respondent signed Stipulation to Informal Disposition and agreed to complete training on coding and billing, reimburse the Nursing Commission for the cost of investigation and the Respondent had submitted proof of reimbursing Medicaid.

G—Allegations included violating

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Disciplinary Complaints

By Terry J. West
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another state's Board of Nursing order by failing to undergo a skills competency evaluation. The Washington Nursing Commission took action based on the other state's action. Respondent's LPN license was suspended with stay for 24 months.

H—Allegations included patient abuse for pulling up patient's shirt and bra in front of others to retrieve a pill that the patient had hidden in her bra. LPN Respondent signed a Stipulation to Informal Disposition and agreed to reimburse the Nursing Commission for the cost of the investigation; submit personal progress reports for 12 months; complete courses in anger and stress management and gentle care training; 1,000 word report and employer shall submit quarterly performance reports.

I—Allegations included falsification of patient medical records to indicate that CPR was initiated as soon as patient was found unresponsive when in fact CPR had

not been initiated at all. LPN Respondent signed Stipulation to Informal Disposition and agreed to complete courses in nursing documentation and nursing ethics and legal issues and reimburse the Nursing Commission for the cost of investigation.

J—Allegations included failure to administer tube feedings in a timely manner and medication errors which included failure to administer a medication, pre-pouring medications and leaving medications unattended in the medication cart. LPN Respondent signed a Stipulation to Informal Disposition and agreed to complete courses in theoretical instruction, clinical practice and medication administration; submit job descriptions; supervisor to submit performance evaluations quarterly; submit progress reports quarterly; shall not be employed by home health care agency, boarding home, assisted living facility or temporary agency for 12 months and reimburse the Nursing Commission for the cost of investigation. ◀

2002 Nursing Commission Meeting Schedule

Dates	Locations
January 11, 2002	Kent
March 14-15, 2002 Workshop	Olympia
May 10, 2002	Spokane
July 11-12, 2002 Workshop	Olympia
September 13, 2002	Location to be announced
November 7-8, 2002 11/7—1:00 p.m.—5:00 p.m. 11/8—9:00 a.m.—5:00 p.m.	Kent

Staff Changes

The Department of Health staff that serve the Nursing Care Quality Assurance Commission are housed in Health Professions Quality assurance Division, Section 6. Since the last newsletter we have one new Compliance Manager and replaced the Practice Manager and two investigators. Welcome to the following new staff.

Allen G. Spaulding



Allen was promoted to the new Compliance Manager position in charge of all of the compliance that follows after the Nursing Commission issues a final order. He is also responsible for disciplinary reporting to national agencies, public disclosure and Timelines associated with all of the disciplinary steps. Allen is married and has two children.

Chuck Cumiskey, RN, BSN



Chuck is the new Practice Manager. He is available for technical assistance, works with the Nursing Commission on Advisory Opinions, rules writing and works with the Nursing Commission's Practice Sub Committee. He has 18 years of nursing with predominantly clinical practical in medical rehabilitation and is also a Captain in the U.S. Army Reserve. Chuck is married

and has three children. He is currently working on his Master's degree at the University of Washington/Tacoma.



Max Robinette

Max is a new Investigator with the unit. He is primarily doing the nursing assistant investigations but also does some nursing investigations. Max spent 12 years with the California Highway Patrol, moved to Washington to develop a security force for nuclear power sites and has served in the Washington Army National Guard. He is a retired Sergeant Major and has been married to Doris for 38 years. They have two sons and one granddaughter.

Sandra Prideaux



Sandra or "Sam" is a new Health Care Investigator who started November, 2000. She has 27 years of nursing experience working in a variety of settings including Director of Nursing, Neonatal intensive care and Child Protective Service Nurse in Epidemiology. She also owns the Whales Tale Restaurant in Olympia, lives on 5 acres with her husband, 3 dogs and one cat and loves to horseback ride and camp. ◀

Thank You Item Writers

The Nursing Commission would like to express their appreciation to the nurses listed below who offered their time and talent to help with the ongoing work of test development for the national licensing examination. Nurses, from practice and education settings in Washington State, volunteered and were selected to serve as writers or reviewers of test items on the NCLEX Examinations. Over the

time period from January 2000 through June 2001, 13 nurses served as members or alternates on panels for the NCLEX test development process.

Approved by the Washington State Nursing Commission, but not yet selected were:

Laura Hahn (WSU, Vancouver)—RN Item Review

(Continued on page 15)

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Thank You Item Writers

(Continued from page 14)

Irene Riddell (Shoreline CC)—RN
Item Writing

Carolyn Nelson (Clover Park Tech
Col)—PN Item Writer

Approved by National Council of State
Boards of Nursing (NCSBN), but unable
to attend or serve as Alternate for a
session:

Contance Jean Moore (U.S. Army)—
RN Item Writer

Lyla M Specht (Judson Park Health
Care Center)—PN Item Review

Angela Gay Bauman (Peace Health
Medical Center)—RN Item Reviewer

Maureen M McGuckin ((Lake Chelan
Community Hospital)—RN Item Re-
viewer

Karen Benham (Newport Community
Hospital)—RN Item Review

Kathleen Jett (MultiCare Internal
Medicine)—PN Review Panel Member

Ron Whitten—PN Panel Member

Selected by National Council
(NCSBN) as Item Writer for NCLEX-PN:

Barbara Bristol (Bellingham Technical
College)—July 26-30, 2000

Kathleen Jett (MultiCare Internal
Medicine)—October 4-8, 2000

Selected by National Council
(NCSBN) to be Item Reviewer for
NCLEX-PN:

Karen Benham (Newport Community
Hospital)—July 30-August 2, 2000

Selected by National Council
(NCSBN) as Member of Review Panel
for NCLEX-PN:

Julie T Simms (Life Care Center of
Burien)—June 4-7, 2000

Emily Wyman Canwell (OB Supv/
Educ. Coordinator)—November 12-15,
2000

Selected by National Council
(NCSBN) to be Item Reviewer for
NCLEX-RN:

Michele Renninger (Whidbey General
Hospital)—January 9-12, 2000

Selected by National Council
(NCSBN) as Member of Review Panel
for NCLEX-RN:

Perla B Sanchez (Univ of Washington
Medical Center)—Oct 22-25, 2000

Selected by National Council
(NCSBN) as member of Panel of Judges
for NCLEX-RN:

Lori Dawn Fox (Coastal Care Clin-
ics)—September 22-24, 2000

The National Council of State Boards
of Nursing is continuously recruiting
nurses to participate in all phases of the
NCLEX test development. Content
experts for writing PN test items are
needed **currently**. Qualifications to be an
item writer for the NCLEX-PN include:
1) current PN or RN license, 2) current
practice with PNs or educators for PNs,
and, 3) a narrative description submitted
on an application form obtained from the
Washington State Nursing Commission
office.

If you meet the above requirements,
consider the benefits: 1) all expenses paid
(meals provided), 2) earn contact hours
(37.2 as an item writer), 3) network on a
national level, and, 4) a voice for nursing
practice from Washington State!

The test plans are reviewed every three
years; the NCLEX-RN Examination Test
Plan was recently completed and is
effective April 2001. Check the National
Council web page to review the new
NCLEX-RN test plan: www.ncsbn.org. ◀

Telephone List

Recording—choose appropriate section	360 236-4740
Automated Verification Service	360 664-4111
FAX	360 236-4738

**Please
Note
All area
codes are
360 unless
designated
otherwise**

Administration

Paula Meyer, Executive Director ... 236-4713
Kris McLaughlin, Secretary 236-4713
Terry West, Health Administrator .. 236-4712

Licensing

Valerie Zandell, Program Mgr. 236-4740
Licensing System
Applications (RN & LPN) 236-4740
Examination 236-4740
Renewals 236-4740
Endorsement 236-4740
Nursing Assistant 236-4740

Education

Dr. Maura Egan, Education Mgr. ... 236-4745

Legal

Karl Hoehn, Staff Attorney 236-4717
..... (206) 389-3035
Trent Kelly, Staff Attorney 236-4710
..... (206) 389-2984
Megan Pottorf, Staff Attorney 236-4722
Janet Staiger, Staff Attorney 236-4743
Debi Young, Paralegal 236-4719
Jessica Hutchinson, Legal
Secretary 236-4720

Discipline, RN & LPN

Jeanne Giese, Manager 236-4728
Gail Banning, Complaint Inquiries 236-4726

Practice, RN & LPN

Chuck Cumiskey, Manager 236-4725
Markay Newton, Advisory
Opinions 236-4724

Nursing Assistants, Practice & Discipline

Kendra Pitzler, Program Manager . 236-4723
Irene Oplinger 236-4740
Sheila Guajardo 236-4740

Nursing Pools

Ninfa Jala, Office Asst. Senior 236-4706

Surgical Technologists

Shamim Noormuhammad,
Administrative Assistant 236-4721

E-Mail addresses

Use first name.last name@doh.wa.gov.

For example:

kris.mclaughlin@doh.wa.gov

or

jeanne.giese@doh.wa.gov ◀

Nursing Commission Members

Commission Members

Joanna Boatman, RN, Chair 6/30/03
Frank Maziarski, RN, CRNA, MS, Immediate Past Chair 6/30/05
Becky Kerben, LPN, Vice Chair 6/30/04
Roberta Schott, LPN, Vice Chair 6/30/05
Shirley Aikin, RN, MSN 6/30/02
Shannon Fitzgerald, RN, MSN, ARNP 6/30/02
Rev. Ezra Kinlow, Public member 6/30/04
Gail Kirk, Ph.D., Public member 6/30/03
Cheryl Payseno, RN, MPA 6/30/04
Sandra Weeks, RN, ARNP, LM 6/30/02
Marlene Wells, LPN 6/30/02 ◀

Term Expiration Date

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PLACE
POSTAGE
HERE

DEPARTMENT OF HEALTH
WASHINGTON STATE NURSING CARE
QUALITY ASSURANCE COMMISSION
PO BOX 47864
OLYMPIA WA 98504-7864

Fold here

Tape here

To ensure receipt of your annual courtesy renewal notice and other timely information, please keep the Nursing Commission informed of any change in your name or address.

Name and/or Address Change Form

(Please type or print in ink)

***A change in name must be accompanied by a photocopy of the marriage certificate, the divorce decree, or the court-ordered name change (whichever is applicable).**

License # _____ Social Security # _____

☐ RN

☐ LPN

☐ NAC

☐ NAR

Old Information:

Name _____

Address _____

Changes:

Name* _____

Address _____

Effective Date _____ Signature _____

A licensee's address is open to public disclosure under circumstances defined in law, RCW 42.17. The address the Commission has on file for you is used for all mailings, renewal notification and public disclosure.

Send completed form to the commission office by sending to:

Nursing Commission
P.O. Box 47864
Olympia, WA 98504-7864

Address changes can be sent by email:

adena.nolet@doh.wa.gov

Include all of the above information in your message. ◀



Renewals

The majority of our hundreds of telephone calls per day are regarding the renewal process. Your assistance is appreciated in following these simple steps.

Before you send your license renewal, complete these important steps:

1. Write your name and address on a blank piece of paper with your social security number and license number. Place inside your mailing envelope along with your check or money order made payable to **Department of Health**: (If envelope postmark is dated after your birthday, your renewal is considered late. There are no exceptions.)

Nursing Assistant:	\$25.00	With late fee:	\$ 50.00
RN/LPN/ARNP:	\$50.00	With late fee:	\$100.00

2. Correct address on envelope should read:

Nursing Commission
PO Box 1099
Olympia, WA 98507.

3. Send your renewal at least three weeks before your birthday. The turn around time is approximately three weeks (This includes mailing time).

The Department of Health will send a courtesy reminder of your renewal. If you are not receiving your reminder, please contact us to review your mailing information.

Before you contact the Renewal Unit about the status of your renewal:

1. Wait 10 working days from the time you sent your check or money order to contact us about a missing license.
2. Contact the bank or place of business you purchased the check/money order from to find date cleared. Have this date ready to relay to renewal desk.
3. Know the correct telephone extension and email address.

Automated Verification Line: (360) 664-4111

License Renewal: (360) 236-4703 adena.nolet@doh.wa.gov

ARNP Renewal: (360) 236-4708 valerie.zandell@doh.wa.gov ◀